

ACKNOWLEDGMENT OF RECEIPT OF RECORDS

I, _____, hereby acknowledge that at my request, a copy of the following otherwise confidential document(s) will be transmitted to me by Counseling and Psychological Services (CPS):

- A letter dated _____ in support of modification of academic requirements.
- My entire CPS record
- Other (specify) _____

I understand that in accepting these copies I assume all responsibility for their disposition and safekeeping.

Signature: _____
Name (print): _____
Date: _____

ID Verified by CUID Number	_____
Photo ID License Number	_____
Other (indicate)	_____
Initial	_____